

CLAIMS ONLY								Application Number 10-187195	Filing Date		
								Applicant(s)			
								* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend					
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Total Indep			1								
Total Depend			18								
Total Claims			19								